Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

01272.020587

| CLAIMS AS FILED - PART I   |   |   |                                     |                               |                              |                  |         | SMALL ENTITY      |                        | OTHER THAN |                     |                                       |
|--|---|---|-------------------------------------|-------------------------------|------------------------------|------------------|---------|-------------------|------------------------|------------|---------------------|---------------------------------------|
| · · · · · · · · · · · · · · · · · · ·  |   |   | (Column 1)                          |                               | (Column 2)                   |                  | TY      | TYPE              |                        | OR         | SMALL               | ENTITY                                |
| TOTAL CLAIMS   |   |   | 21                                  |                               |                              | 6 h              |         | RATE              | FEE                    |            | RATE                | FEE                                   |
| FOR  |   |   | NUMBER FILED                        |                               | NUMBER EXTRA                 |                  | ВА      | SIC FEE           | 375.00                 | OR         | BASIC FEE           | 750.00                                |
| TOTAL CHARGEABLE CLAIMS  |   |   | 2 minus 20= *                       |                               | * /                          | * /              |         | X\$ 9=            | 0 1 1                  | OR         | X\$18=              | 18                                    |
| INDEPENDENT CLAIMS   |   |   | minus 3 =  *                        |                               |                              | tot<br>GeV       |         | X42=              | ¥.                     | OR         | X84=                |                                       |
| MU   | LTIPLE DEPEN  | RESENT                                    | ·                                   |                               | •                            |                  | ⊦140= · | e .               | OR                     | +280=      | 2                   |                                       |
| * If   | the difference  | less than ze                              | ss than zero, enter "0" in column 2 |                               |                              | 1                | OTAL    |                   | OR                     | TOTAL      | 768                 |                                       |
|  | CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3) |   |                                     |                               |                              |                  |         | MALL E            | ŇTIŤY                  | OR         | OTHER<br>SMALL      |                                       |
| ENT A  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                     | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY                 | PRESENT<br>EXTRA |         | RATE              | ADDI-<br>TIONAL<br>FEE |            | RATE                | ADDI-<br>TIONAL<br>FEE                |
| AMENDMENT  | Total   | *   | Minus                               | **                            | 1                            | =                | F.      | X\$ 9=            |                        | OR         | X\$18=              |                                       |
|  | Independent   | *<br>NTATION OF M                         | Minus                               | ***                           | T CLAIM                      |                  | 3       | X42=              |                        | OR         | X84=                | 21 2                                  |
|  | FIRST PRESE   | NIATION OF MI                             | OLTIPLE DEP                         | ENDEN                         | CLAIM                        |                  | 1       | -140=             |                        | OR         | +280=               |                                       |
|  |   |   |                                     |                               |                              |                  | ΔD      | TOTAL<br>DIT. FEE |                        | OR         | TOTAL<br>ADDIT, FEE | ři<br>L                               |
|  | Au .  | (Column 1)                                | 0.00                                | (Colu                         | mn 2)                        | (Column 3)       | 7.0     | Di 1. 1 CC (      | 1                      |            | 7,0011.1 0,01       | 2000                                  |
| AMENDMENT B  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                     | PREVI                         | IBER                         | PRESENT<br>EXTRA |         | RATE              | ADDI-<br>TIONAL<br>FEE |            | RATE.               | ADDI-<br>TIONAL<br>FEE                |
|  | Total   | *   | Minus                               | **                            |                              | =                | ;       | X\$ 9=            |                        | OR         | X\$18=              |                                       |
|  | Independent   | *   | Minus                               | ***                           |                              | =                |         | X42=              |                        | OR         | X84=                |                                       |
|  | FIRST, PRESE  | NTATION OF M                              | ULTIPLE DEP                         | ENDEN                         | CLAIM                        |                  | 1       | 140=              |                        | OR         | +280=               |                                       |
|  |   | 1 12                                      | Se :                                | in the second                 |                              |                  | AD      | TOTAL<br>DIT. FEE | V 34"                  | OR         | TOTAL<br>ADDIT FEE  | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| . Š<br>1   | (Column 1) (Column 2) (Column 3)                              |   |                                     |                               |                              |                  |         |                   |                        |            |                     |                                       |
| AMENDMENT C.   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                     | NUM<br>PREVI                  | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |         | RATE              | ADDI-<br>TIONAL<br>FEE | - No. 20   | RATE                | ADDI-<br>TIONAL:<br>FEE               |
|  | Total   | *   | Minus                               | **                            |                              | =                |         | X\$ 9=            |                        | ÓR         | X\$18=              |                                       |
|  | Independent   | *   | Minus                               | ***                           | . •                          | = ,              |         | X42=              | \$                     |            | X84=                |                                       |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                |   |                                     |                               |                              |                  | -       | 7,42-             |                        | .OR        | , ,                 |                                       |
| +140=  |   |   |                                     |                               |                              |                  |         |                   |                        | OR         | +280=*              |                                       |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid/For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid/For" IN THIS SPACE is less than 3, enter "3." |   |   |                                     |                               |                              |                  |         |                   |                        |            |                     |                                       |